

Worksheet: Group Review Form

Date: _____

Name of Group : _____

Time held: _____ Frequency: _____ Duration: _____

No. of Attendees: _____

Task(s) Performed (content): _____

Resources Required:

Preparation Required:

Type of Group:

Primary Aim of Group:

Primary Skills Addressed (roles and performance components):

Characteristics/Roles of Group Members:

Group Dynamics:

Facilitators Present and Role:

Skills/Strategies Used by Facilitator:

Impression:

- **What worked well?**

- **What would you do differently?**

- **Plan for next session.**
